

Opioid Abuse in Tennessee

K. Edwards, PhD & J. Pennings, PhD, 7/23/2015



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212,000 Tennessee adults use prescription opioids non-medically

The nonmedical use of prescription drugs is the second most prevalent type of drug abuse behind marijuana in Tennessee (SAMHSA Center for Behavioral Health Statistics and Quality, 2014).

An estimated 212,000 (4.35%) Tennessee adults (ages 18+) used pain relievers non-medically in the past year while 472,000 (9.67%) used marijuana and 118,000 (2.41%) used illicit drugs. (SAMHSA Center for Behavioral Health Statistics and Quality, 2014)

In Tennessee, only about 10.6% of individuals aged 12 or older with illicit drug dependence or abuse received treatment for their illicit drug use within the year prior to being surveyed. (SAMHSA Center for Behavioral Health Statistics and Quality, 2014)

Among adults using pain relievers non-medically:

- **The percent (9.52%) of young adults (18 to 25 years old) is almost 3 times the percent (3.50%) of adults ages 26 and older:** 66,000 young adults used pain relievers non-medically in the past year based on 2012-2013 estimates.
- **The percent of young adults using prescription drugs non-medically decreased significantly from 12.10% in 2011-2012 to 9.52% in 2012-2013.**

Tennessee Facts

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212,000 adults used pain relievers non-medically in the past year.

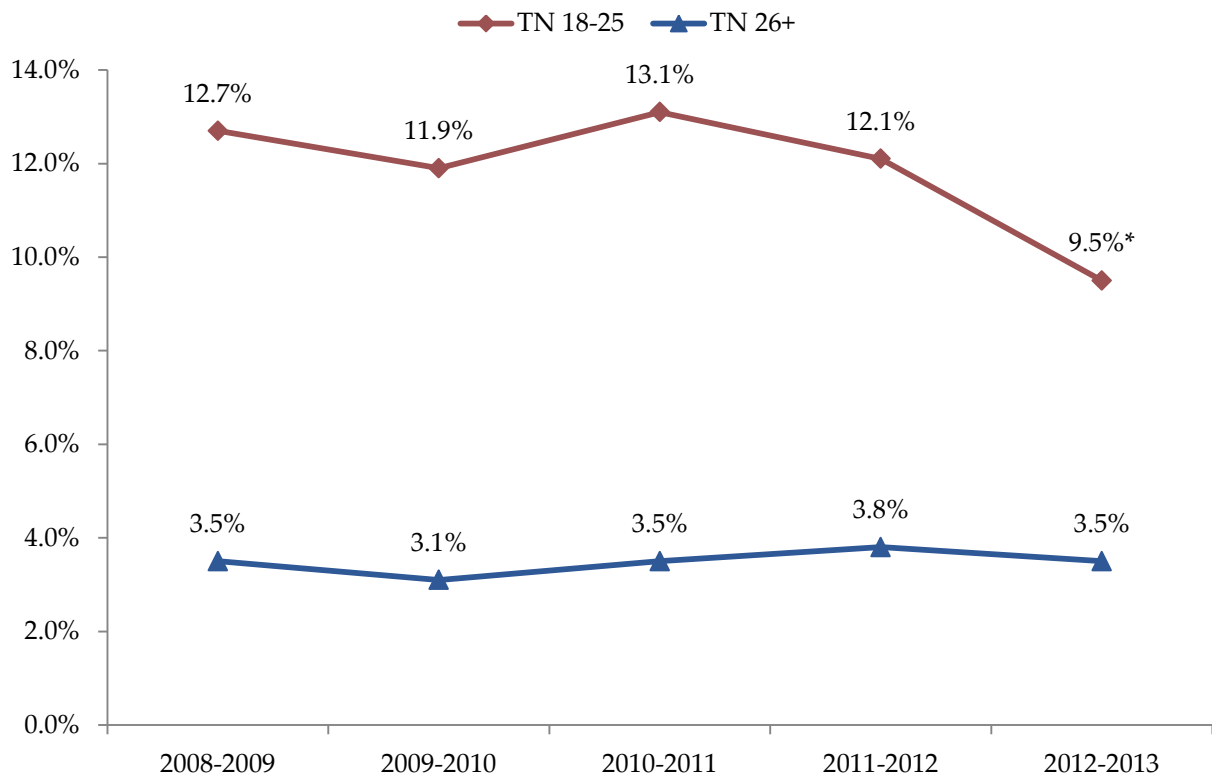
Only 10.6% of individuals with illicit drug dependence or abuse received treatment.

*The percent of young adults (18-25) abusing pain relievers is 3x that of adults (18+) but **decreased** significantly between 2011-2012 and 2012-2013.*

Treatment for opioid abuse is available from:

- Community non-profit treatment providers
- For profit opioid treatment programs
- Private physicians prescribing buprenorphine (e.g., Suboxone®)
- Recovery courts

Figure 1: Estimated percent of nonmedical use of pain relievers in the past year for young adults and adults: Tennessee 2008-2009 to 2012-2013



*Note: The percent for the 18-25 age group is significantly lower in 2012-2013 than 2011-2012.

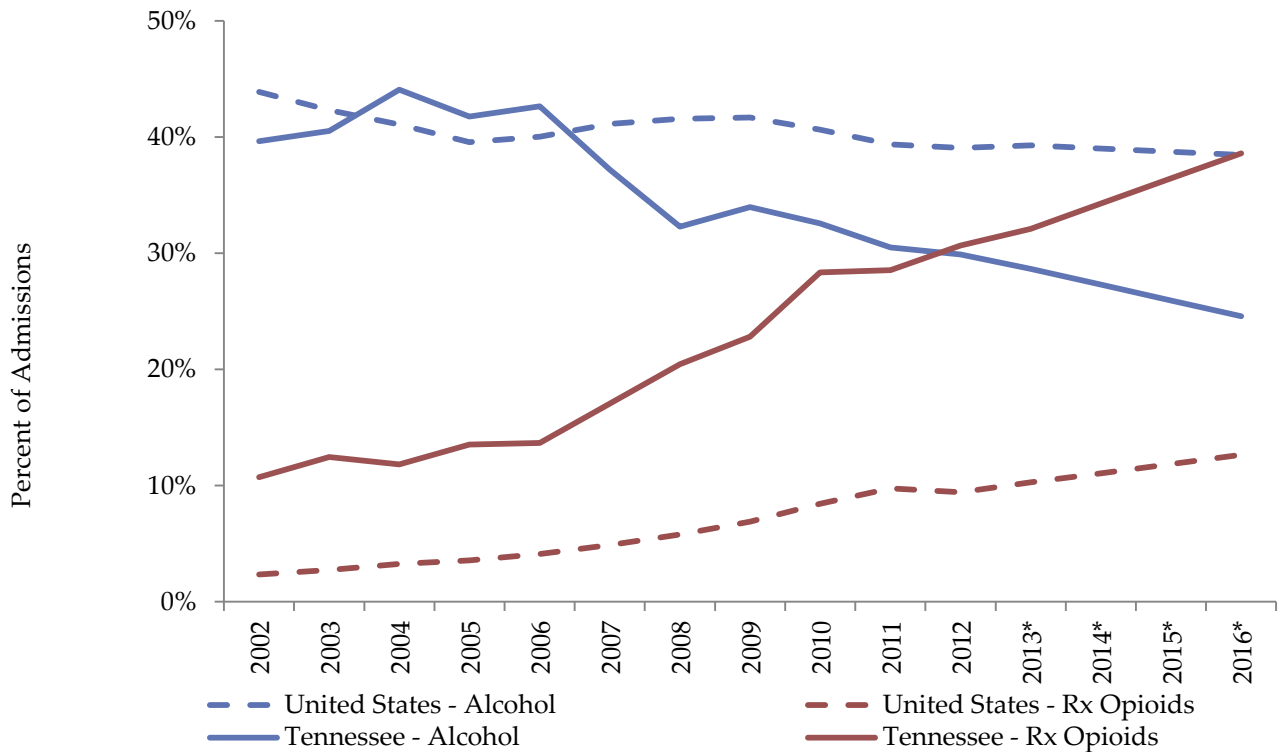
Source: National Survey on Drug Use and Health.

Treatment for indigent individuals using opioids non-medically is available from non-profit agencies in the community.

Individuals abusing opioids with no insurance who are indigent can receive substance abuse treatment funded by the Tennessee Department of Mental Health & Substance Abuse Services. The Department funds a continuum of services including detoxification, residential treatment, intensive outpatient services, outpatient services and recovery services. Figure 2 shows that Tennessee substance abuse treatment admissions for opioids increased much more than the United States while admissions for alcohol decreased between 2002 and 2012. (*Substance Abuse and Mental Health Services Administration, 2012*)

In 2012, Tennesseans were 3.3 times more likely to identify prescription opioids as their primary substance of abuse when entering substance abuse treatment than the national average (*Substance Abuse and Mental Health Services Administration, 2012*).

Figure 2: Percent of publicly funded substance abuse treatment admissions due to prescription opioids and alcohol in Tennessee and United States: 1992-2012 with a 2013-2016 projection

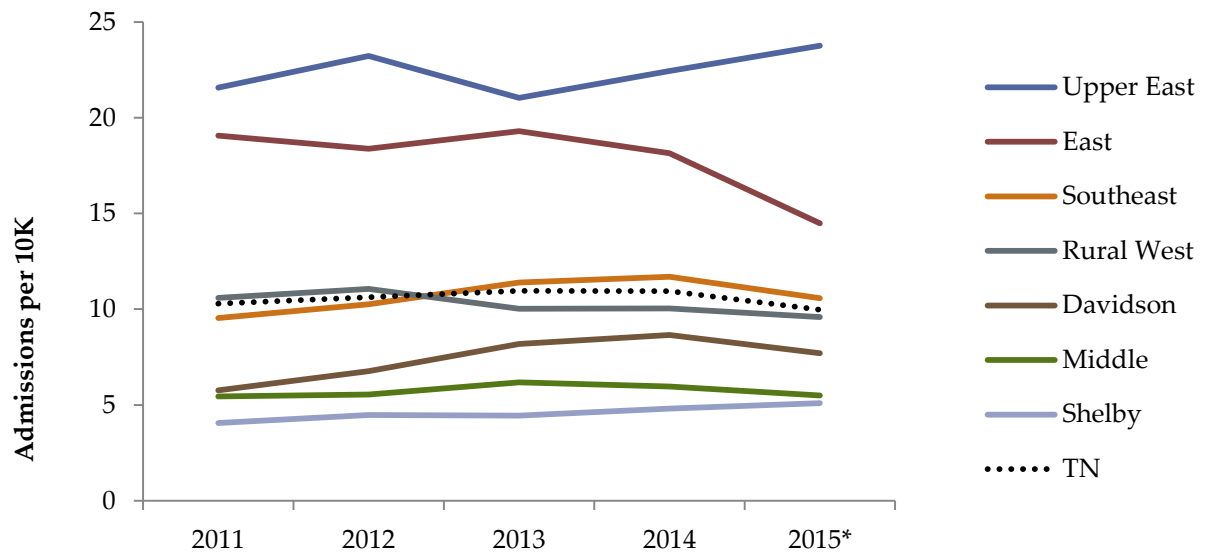


*Projections based on trend line from 2002 to 2012.
(Substance Abuse and Mental Health Services Administration, 2012)

Although the percent of opioid admissions compared to total substance abuse treatment admissions in Figure 2 increase, the rate of treatment admissions per 10,000 population for the state and TDMHSAS planning regions are stabilizing and are declining in some TDMHSAS planning regions of Tennessee. The rate of opioid treatment admissions are decreasing in East Tennessee (Knoxville and surrounding counties), but admissions continue to rise in Upper East Tennessee.

The costs associated with providing TDMHSAS opioid abuse treatment were \$12.8 million in 2015 or about 38% of all treatment expenditures.

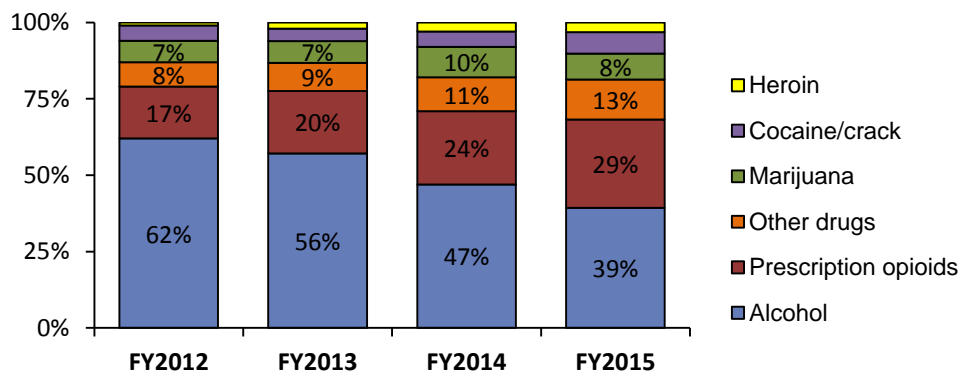
Figure 3: Rate of opioid treatment admissions per 10,000 population by planning region, 2011-2015



* Rate is for the first 6 months of 2015. Source: TDMHSAS

The percent of individuals receiving treatment funded by TDMHSAS for driving under the influence (DUI) of opioids is increasing. **Among indigent offenders arrested for DUI who were enrolled in TDMHSAS funded treatment, the percent abusing prescription opioids is increasing while the percent abusing alcohol is decreasing.** The number of DUIs has been steadily decreasing since FY 2012 for an overall decrease of more than 6,000.

Figure 4: Percent of individuals enrolled in TDMHSAS funded DUI programs: FY2012-FY2015*



*FY2015 data is January to June 2015. Source: TDMHSAS

Methadone medication assisted treatment is available at 12 for-profit opioid treatment programs (OTPs) in Tennessee.

Another treatment option for opioid addiction is medication assisted treatment with methadone. Methadone can only be dispensed in Tennessee by the 12 federally certified and state-licensed for-profit opioid treatment programs (OTPs).

These OTPs serve about 5,600 Tennesseans on a daily basis. The average number of people receiving treatment at Tennessee opioid treatment centers annually is about 8,660. Prescription opioid dependence causes about 2,000 new people to seek treatment at OTPs annually.

The cost of obtaining methadone maintenance treatment at one of Tennessee's private for-profit methadone treatment centers is about \$95 per week excluding admission charges and ancillary costs. Neither TDMHSAS nor TennCare pay for methadone maintenance, so treatment costs are paid by the people needing treatment. Overall, Tennesseans addicted to opioids pay for-profit opioid treatment programs an estimated \$822,700 weekly and \$42.8 million annually or an average of (at least) \$6,433 for 68 weeks of methadone maintenance treatment.

Methadone maintenance treatment originally targeted heroin users. In Tennessee, however, about 85.4% of those in treatment at these centers in July 2015 indicated that prescription opioids were their drug of choice, compared to 14.6% who indicated that heroin was their drug of choice.

Buprenorphine medication assisted treatment is available at physician offices.

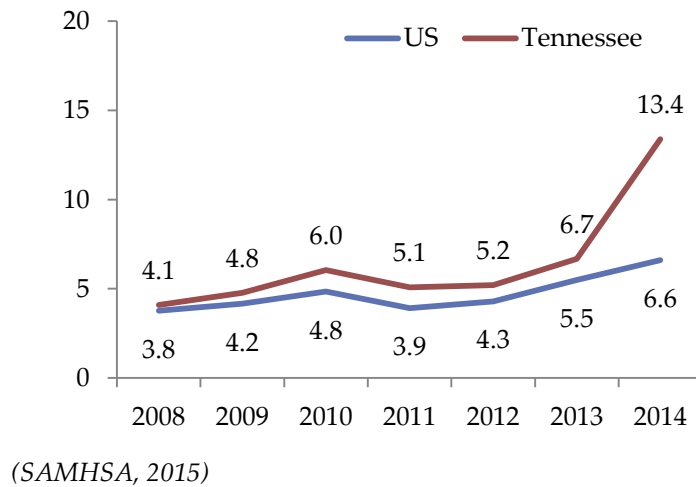
Another medication assisted treatment is buprenorphine. Tennessee currently has a buprenorphine patient treatment capacity¹ double that of the United States. Tennessee moved from a patient capacity rank among all states from a rank of 18 in 2008 to a rank of 7 in 2014 (SAMHSA, 2015).

Buprenorphine has weaker opioid effects, is less likely to result in overdose, and produces a lower level of physical dependence than methadone. In contrast to methadone (which can only be dispensed by OTPs), buprenorphine is currently the only medication that can be prescribed by either OTPs or physicians in the community who have met registration requirements established by the Drug Addiction Treatment Act of 2000 (DATA 2000).

Patients can receive a 30-day take-home dose of buprenorphine shortly after beginning treatment. In contrast, methadone patients must comply with treatment for two years to be eligible to receive a 30-day take-home dose (CESAR Fax, 2015).

¹ Patient treatment capacity was calculated by multiplying the number of physicians x their treatment capacity (30 patients and 100 patients) each year for each state. Patient capacity was then divided by state population estimates per 10,000.

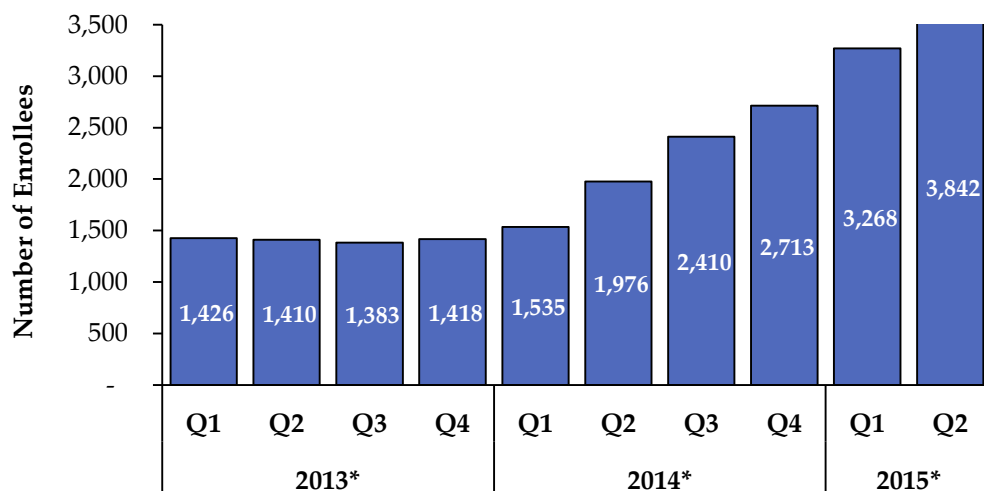
Figure 5: Estimated buprenorphine patient treatment capacity per 10,000 population: Tennessee and the United States, 2008-2014



Tennessee recovery courts provide treatment for people abusing opioids

Enrollment in TDMHSAS fund 43 adult recovery courts reached 3,842 on July 1, 2015. Three new veteran courts located in Davidson, Montgomery, and Shelby Counties which opened in the first quarter of 2015 continue accepting new enrollees. Later this year an adult court will open to take the place of a Sullivan County court which closed in the first quarter of 2015.

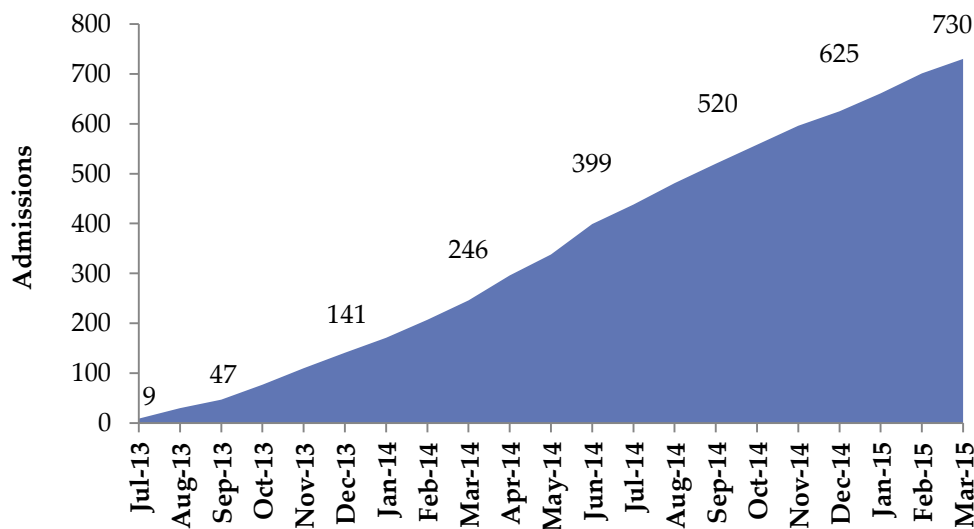
Figure 6: Enrollment in TDMHSAS Funded Recovery Courts, July 1, 2015



* Point in time value from the last day of the quarter listed. Source: TDMHSAS.

Many people recovering from substance abuse benefit from sober living homes. TDMHSAS is working with the Oxford House program to expand the number of supportive living options available to people in recovery. Over 730 individuals were admitted to these recovery homes since July 2013.

Figure 7: Cumulative number of admissions to self-supported, self-run recovery homes (Oxford Houses): Tennessee: July 2013 to March 2015



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